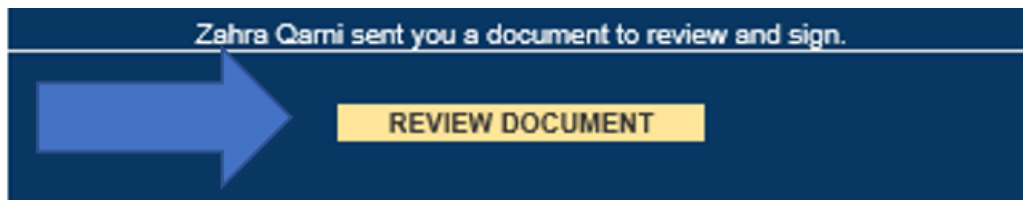


## Instructions for Students: How to use DocuSign for the Written Agreement

You will receive the link for the written agreement document in your email.

The email's subject line will read "Complete with DocuSign: CTE Pharmacy Technician Program Agreement – STUDENT'S NAME"



Jane Eyre  
janeeyre@tcps.org

Hello and welcome to students participating in the Career and Technical Education (CTE) Pharmacy Technician Program Clinical Experience!

The Virginia Department of Education (VDOE), in collaboration with the Virginia Department of Labor and Industry (DOLI), Virginia Department of Health Professions (DHP) and Virginia Board of Pharmacy has entered into a memorandum of agreement to ensure the workplace health and safety of high school students under the age of 18 while participating in CTE Pharmacy Technician Programs.

If you are under the age of 18, in order to participate in a Clinical Experience at a Pharmacy, you need to sign a work-training written agreement. Students must be at least 16 years old to participate in the Clinical Experience.

DOLI has created a work-training program written agreement as required by Va. Code §40.1-89 to assure proper oversight of child labor conditions in pharmacy settings in accordance with child protection statutes (Va. Code §§ 40.1-100.A.4 and 40.1-103). The agreement will be signed by the student, the student's parent/guardian, the CTE Program Director and the Pharmacy.

### Written Agreement

DOLI is using DocuSign to fill out the VDOE/DOLI Pharmacy Technician Work-Training Written Agreement.

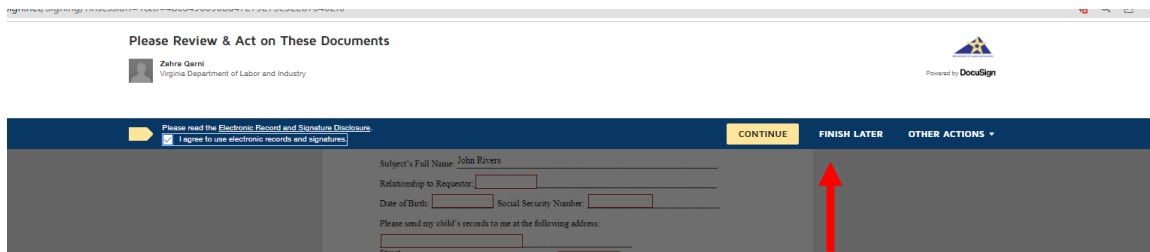
For help with filling out the agreement, please visit <https://www.doli.virginia.gov/labor-law/>.

A complete agreement with everyone's signatures will be sent to you once all the signatories have completed their portion of the document.

Help Message: If you get stuck or have any questions or need any help please contact [CTEhelp@doli.virginia.gov](mailto:CTEhelp@doli.virginia.gov).

When you click on 'Review Document', you will be taken to a new page.

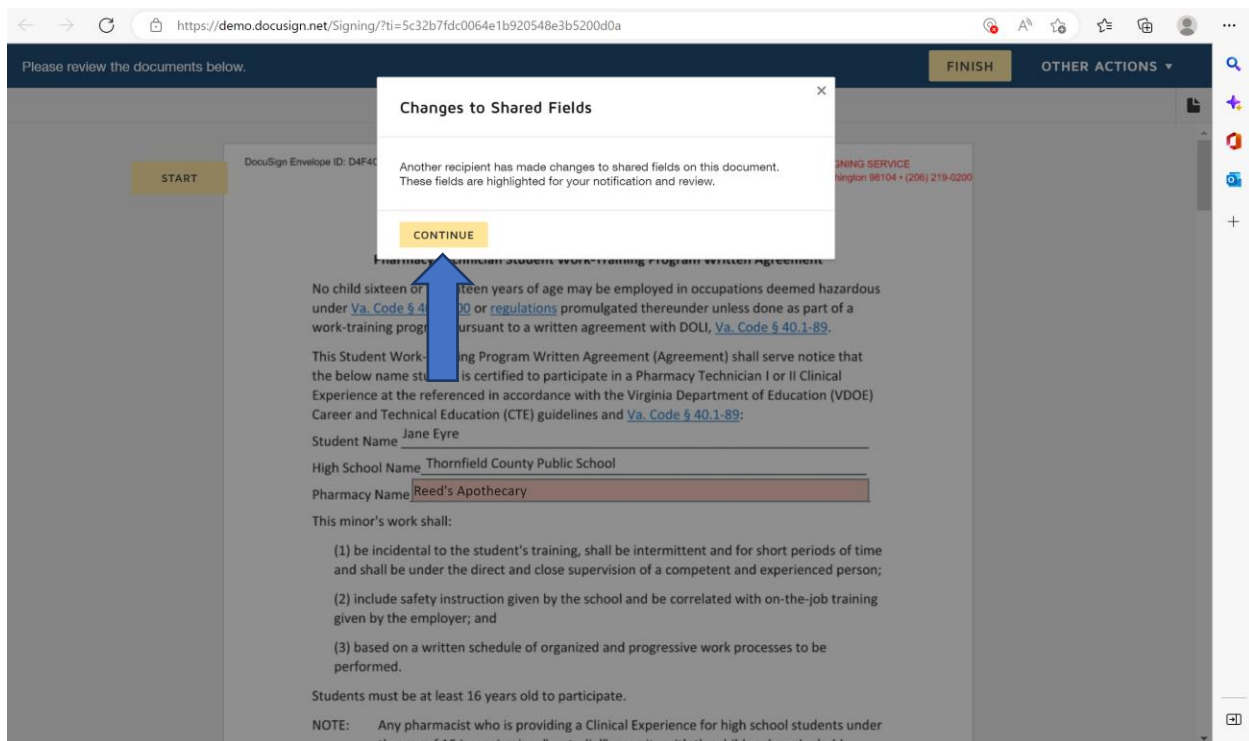
At the top, there will be a banner asking you to agree to using electronic records and signatures.



You will be asked to review and act on the documents.

Once you check agree, click on the 'continue' button.

On the first page, this pop-up will appear as the 'High School Name' and 'Pharmacy Name' field in the agreement is one that any one of the signatories can fill.



Click 'Continue'

You will notice that your name has already been pre-filled on the first page. That is because this information is taken from the PowerForm you filled out.

START

DocuSign Envelope ID: F9A7C4B6-44D0-4D30-BA53-D13B26CF250D

DEMONSTRATION DOCUMENT ONLY  
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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docusign.com

**Virginia Department of Labor and Industry (DOLI)**  
**Pharmacy Technician Student Work-Training Program Written Agreement**  
No child sixteen or seventeen years of age may be employed in occupations deemed hazardous under [Va. Code § 40.1-100](#) or [regulations](#) promulgated thereunder unless done as part of a work-training program pursuant to a written agreement with DOLI, [Va. Code § 40.1-89](#).  
This Student Work-Training Program Written Agreement (Agreement) shall serve notice that the below name student is certified to participate in a Pharmacy Technician I or II Clinical Experience at the referenced in accordance with the Virginia Department of Education (VDOE) Career and Technical Education (CTE) guidelines and [Va. Code § 40.1-89](#):  
Student Name Jane Eyre  
High School Name Thornfield County Public School  
Pharmacy Name Reed's Apothecary  
This minor's work shall:  

- (1) be incidental to the student's training, shall be intermittent and for short periods of time and shall be under the direct and close supervision of a competent and experienced person;
- (2) include safety instruction given by the school and be correlated with on-the-job training given by the employer; and
- (3) based on a written schedule of organized and progressive work processes to be performed.

  
Students must be at least 16 years old to participate.  
**NOTE:** Any pharmacist who is providing a Clinical Experience for high school students under the age of 18 is serving in a "custodial" capacity with the child and can be held criminally liable should any harm come to the child as a result of their exposure to drugs that could be considered dangerous, poisonous or injurious to the health of the child in their custody [Va. Code § 40.1-103](#).

The first page of the agreement may have two fields for you to fill out, the 'High School Name' and the 'Pharmacy Name' field, if this has not been filled out, please type in the name of the high school you attend and the pharmacy you will be going to for your clinical experience. If you do not know the name, leave this field blank. If the field has already been filled in move on.

Once you are done reading the agreement, you will see the last page has lots of spaces for everyone's contact information and signatures. You only need to focus on filling in the information under 'STUDENT'.

SIGN

**STUDENT**  
Date of Birth   
Name Jane Eyre Signature 

Required - Sign Here  
Sign

  
Date   
Pharmacy Technician Trainee License Number   
Address   
Phone  Email janeeyre@tcps.org

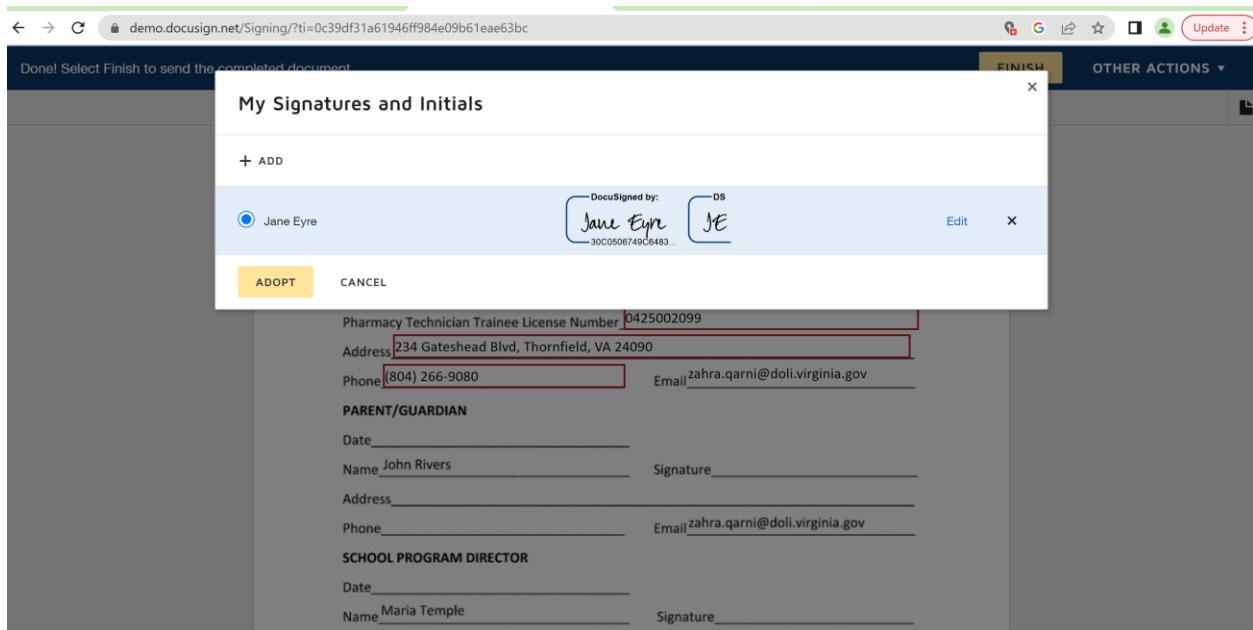
In this section you will be asked to fill out:

- Your date of birth
- Today's date

- Your pharmacy technician trainee license number – this will be a number you received from Virginia Board of Pharmacy when you first applied to the CTE Pharmacy Technician Trainee program.
- Your home address
- Your phone number

You will notice that the fields for your name and email are pre-filled, again – this information too was pulled from the PowerForm.

When you are ready to sign, click on the ‘Sign’ icon and this pop-up will appear:



You can click on ‘Edit’ on the right-hand side of the ‘My Signatures and Initials’ pop-up to choose from different styles of signatures.

When you are satisfied with the signature design, click on ‘Adopt’.

You will notice the document now has your signature on it as well.

demo.docuSign.net/Signing/?ti=0c39df31a61946ff984e09b61eae63bc

Done! Select Finish to send the completed document.

DocuSign Envelope ID: D4F4CD76-C8F9-4D95-8D64-2C418704A15C

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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docuSign.com

**STUDENT**

Date of Birth 09/10/1789

Name Jane Eyre

Date 11/29/2022

Signature *Jane Eyre*

Pharmacy Technician Trainee License Number 0425002099

Address 234 Gateshead Blvd, Thornfield, VA 24090

Phone (804) 266-9080

Email zahra.qarni@doli.virginia.gov

**PARENT/GUARDIAN**

Date

Name John Rivers

Signature

Address

Phone

Email zahra.qarni@doli.virginia.gov

**SCHOOL PROGRAM DIRECTOR**

Date

Name Maria Temple

Signature

Pharmacy Technician/Pharmacist License Number

**Ready to Finish?**  
You've completed the required fields. Review your work, then select **FINISH**.

**FINISH**

Click on 'Finish' when you are done filling out your information.

A pop-up will ask if you want to keep a copy of the document for your records

demo.docuSign.net/Signing/?ti=0c39df31a61946ff984e09b61eae63bc

Done! Select Finish to send the completed document.

DocuSign Envelope ID: D4F4CD76-C8F9-4D95-8D64-2C418704A15C

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Pharmacy Technician Trainee License Number 0425002099

Address 234 Gateshead Blvd, Thornfield, VA 24090

Phone (804) 266-9080

Email zahra.qarni@doli.virginia.gov

**PARENT/GUARDIAN**

Date

Name John Rivers

Signature

Address

Phone

Email zahra.qarni@doli.virginia.gov

**SCHOOL PROGRAM DIRECTOR**


Date

Name Maria Temple

Signature

Pharmacy Technician/Pharmacist License Number

**Save a Copy of Your Document**



**Your document has been signed**

If you would like a copy for your records, select Download or Print and save.

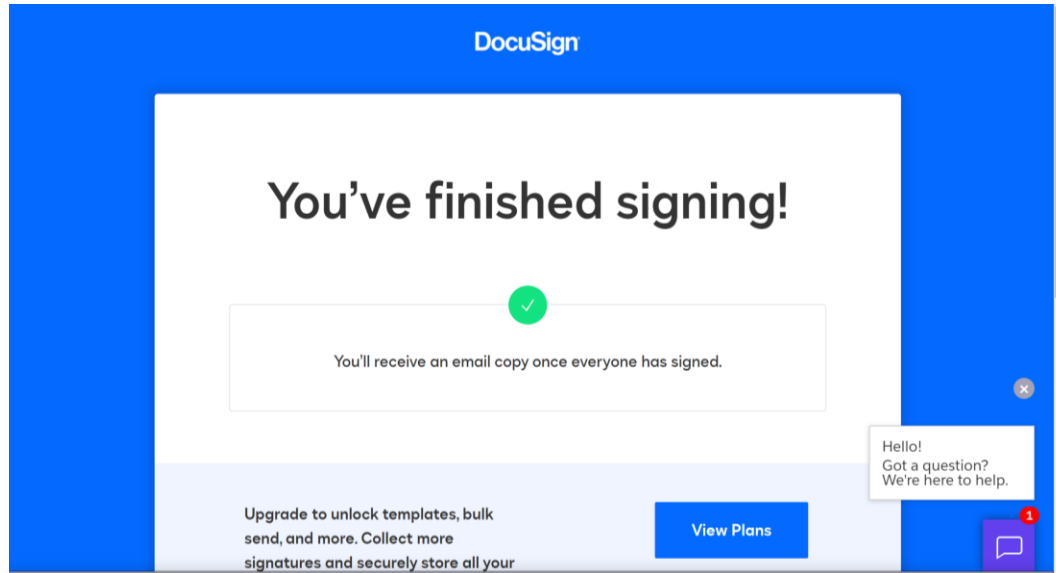
**DOWNLOAD** **PRINT** **CLOSE**

**Ready to Finish?**  
You've completed the required fields. Review your work, then select **FINISH**.

**FINISH**

Please note that at this time, the document will only have the information you just filled in. Once everyone else who needs to fill in their information is done, you will receive a completed copy of the agreement for your records by email.

Once you click on 'Close' you will be redirected to this screen



That's all - You are done filling out your portion of the agreement.

**Note:** You can save and close your document anytime, just click the link sent to your email initially when you wish to pick back up again. Remember, you need to complete the agreement before you start your clinical experience.